

FS 2010-07
HCBS/FE WAIVER
Section 3.5 and Appendices; Back-up Plan Form

	SECTION		PAGE	STAKEHOLDER COMMENT		KDOA RESPONSE
1	3.5		Overall	1 thru 31	“Customer and/or customer’s representative”: Instead of including both throughout the FSM update, simply clarify and define “Customer” in the general definition section to include the customer’s representative.	No change; eligibility only applies to customer while decision-making could be either
2	3.5	4	E	5-7 of 31	BACK UP PLAN - Seems there should be more explanation to the "back up plan" within the FSM. - Only deemed in certain circumstances depending on family support, living arrangements, etc. - If customer is in AL or some time of facility that should suffice as the responsible "back up plan". - If a back up plan can not meet the health/safety and be developed as needed for new or annual then will this customer not be a qualified recipient of HCBS as the MFP program? - Is there any way it can be condensed some? This is adding several more pages of paperwork.	Form is self-explanatory so no additional explanation is needed in policy. Regardless of housing choice, case manager will assist the customer with completion of the back-up plan. If in an adult care home, appropriate pieces of the facility plan will be incorporated into the back-up plan. Form has been revised to include additional explanation of requirements.
3	3.5	4	E.2	5 of 31	“Whenever an individual is determined eligible for HCBS/FE services, the TCM must:” Current - h. complete the HCBS/FE Back Up Plan form. Suggestion – h. if applicable (customer does not reside in Assisted Living, Residential Health Care Facility and Home Plus), the TCM may assist in completion of the HCBS Back-Up Plan form and must verify Back-Up Plan is adequate to meet health and welfare needs prior to authorization of the HCBS/FE POC. *Exempt customers residing in Assisted Living, Residential Health Care Facility and Home Plus from completing this because their choice of residence meets health and welfare needs. Consider adding the Back-Up Plan is required within 7 days for Expedited Cases.	See #2. It is expected that for HCBS/FE, including expedited cases, the Back-up Plan is completed at the time of assessment and reviewed during reassessment. With the TCM assisting the customer with completion, it will assure the Back-up Plan is appropriate to the customer's needs.

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4	3.5	4	E.2.h	5 of 31	<i>"Complete the HCBS/FE Back-up Plan Form"</i> : This appears to go against the current MFP policy which requires the customer to complete the form, not the TCS. The TCS is not allowed to assist with the completion. Please make policy consistent as possible, especially since MFP customer will eventually move onto the FE waiver. This should be changed to "Obtain completed HCBS/FE Back-up Form from the customer."	See #2 and #3.
5	3.5	4	E.2.i	5 of 31	<i>"Complete Physician/RN Statement (if applicable) prior to the authorization of medication set-up or health maintenance activities"</i> : This is a good addition to the policy. This will standardize the effective date of starting med set-up and health maintenance activities. Good Job!	Thank you.
6	3.5	4	E.3.e	6 of 31	3.5.4 E3e "assist in the development of and sign the HCBS/FE Back-Up Plan form". Suggestion - 3.5.4E3e –Complete the HCBS/FE Back Up Plan form prior to authorization of HCBS POC. Expedited Cases must have this completed within 7 days. Requiring the customer or responsible party to be primarily responsible for the creation of an adequate Back-Up Plan is consistent with 3.5.143f (good change that should allow all CME's to have 100% compliance in this area)- the change requiring the Physician/RN statement to be completed and returned to the TCM prior to medication set up or health maintenance activities being authorized.	See #2 and #3.
7	3.5	9	B	19 of 31	When someone commits fraud and their right to self direct is pulled, can this be flagged statewide so they may not go to another CME and get around this? Can that be added to KAMIS to lock down the self direct option on the rare cases that lose this option? We have transferred cases to other AAA clearly documenting they did not have this option but when they have transferred back to us years later they again where self direct and we re-pull it as we have the archived file that notes the transgression etc.	Staff taking recommendation under consideration and will review options for implementing a policy that addresses this issue.

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8	3.5	9	B	19 of 31	When someone has an acting on behalf or DPOA can that information be flagged in KAMIS statewide noting that responsible person is not eligible to be the paid worker? Again, we've documented it, held to it at our location but then they transfer out and the responsible party is allowed to be the worker etc. When it comes back to us, we again deal with it – but really there shouldn't be such a divergent interpretation statewide. Perhaps on page 1 of the UAI it should not state Legal Guardian since that is so very rare, but perhaps it could say Responsible Party and the person listed there could not be the paid worker?	If this occurs, KDOA staff need to be notified for follow-up with TCM to reinforce policy.
9	3.5	14	A	27 of 31	Add Closure Code to 3.5.14A – Customer/Responsible Party refuses to/or fails to develop adequate Back-Up Plan. We need to have policy supporting field staff in cases that the customer or responsible party is unable or unwilling to complete an adequate Back-Up Plan that meets health and welfare.	No change at this time
10	3.5	16	n/a	29 of 31	On page 29 under the second paragraph, could we add the word "representative" in front of random sample? Based on information and definitions we received during a CMS webinar, that is how we defined our sample on the CMS 372 this year.	Change made
11	3.5	16	n/a	29 of 31	Also on page 29, Brad and I think the language "more than 100% of customers" is somewhat confusing. Maybe we could say something like: HCBS/FE customers are reviewed only once annually, unless a second a review of a specific case is requested.	Change made
12	3.5	n/a	n/a	Form	SS-050 Back-Up Plan – suggestion - Add area for TCM to certify that the Back-Up Plan does or does not meet health and welfare needs.	No change